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A.W.M.S.
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CENTRAL FAX CENTER

MAY 31 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/611,447
First Named Inventor : Guo-Qiang Wang
TC/A.U. : 2662
Examiner : Mills, Donald L.
Filed : July 6, 2000

Confirmation no.: 6335

OFFICIAL

Docket No. : 91436-265
Customer No. : 22463

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Certificate of Transmission	
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Signature	<u>Ronald D. Faggetter</u>
Typed or printed name of person signing this certificate	

AMENDMENT

Dear Sir:

In response to the Office action of March 2, 2004, please amend the application as follows:

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.

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CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAY 31 2004

In re the application of:
Guo-Qiang Wang

Serial No.: 09/611,447

Filed: July 6, 2000

For: A METHOD OF OPTICAL NETWORK
BANDWIDTH REPRESENTATION FOR
OPTICAL LABEL SWITCHING
NETWORKS

Group Art Unit: 2662

Examiner: Mills, Donald L.

Attorney Docket No.: 91436-265

OFFICIAL

Commissioner for Patents
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USA

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TRANSMITTAL LETTER (Large Entity)

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	23	23	0	X \$18.00	\$0
INDEP. CLAIMS	17	17	0	X \$86.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.
- ☒ Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this transmittal have been considered. Please charge the fees required therefor to Deposit Account No. 19-2548.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-2548. A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application procession fees under 37 C.F.R. 1.17.

May 31/04
Date
91436-265
Encl.
Telephone: (416) 593-5514

Ronald D. Faggetter
Ronald D. Faggetter (Reg. No. 33,345)
SMART & BIGGAR
438 University Avenue, Suite 1500
Toronto, Ontario, Canada M5G 2K8